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# DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

For many months, perhaps ever since the present editor assumed charge of this department, all sorts of questions have come to her desk in the course of a year from public health nurses in every part of the United States. It has been a pleasure to answer these questions, whenever possible, and it has been stimulating to look up the answers when the question itself suggested a new line of thought to the editor. Many of these questions have been so helpful that the editor desires to pass them on to other public health nurses, trusting that they may derive some of the benefit and pleasure from them that have come to her. Therefore, with the permission of the Editor-in-Chief, this department of the JOURNAL will hereafter be a question and answer department, not necessarily a correspondence department, for much of the material in the letters addressed to the editor is not for publication. Nurses who differ with the editor's answers are invited to send their opinions to the department, for the judgment of many minds is always better than the opinion of one person. Other nurses having questions to ask are also invited to correspond with the department, for in this way we may be more than ever mutually helpful.

**DAILY REPORTS.** Should a small association, employing one, or at most two nurses, require those nurses to submit written daily reports to the board, in addition to history cards, monthly reports, and monthly time books?

*Answer:* No. At most, a daily report is a convenience for the supervisor of many people. At the end of thirty days or a year it is waste paper, requiring more filing space than most offices can afford to give it. Single public health nurses, or members of a small staff, should keep some form of report that will enable the directors to prove on short notice that the nurses are doing good work, both in quantity and quality, nevertheless an individual history card on which the daily visits are recorded for statistical purposes, are always of value, and are sufficient without a written daily report. Many nurses keep a page-a-day book, and this convenient form of diary can now be purchased from almost any good stationer. It is dated for the current year, and each

page bears the name of the day and date, e.g., "Monday, July 2." By keeping scratch notes in pencil in this book, a busy nurse has a reference book from which she may fill out her individual patient's history card or her time book at the end of each day or at the end of several days, whichever method is most convenient for her.

Every locality is something of a law unto itself. Honest statistics are essential if the work is to be supported by private subscription or from the public treasury, but all unnecessary clerical work should be spared the nurse who cares for the patients, keeps office hours, and does all her own clerical work. Occasionally nurses are asked to write full daily reports from which patients' history cards and monthly time books are kept by an office clerk, by the supervising nurse, or even, in one instance known to me, by a member of the board of directors, but no nurses should be asked to do a daily report in addition to keeping her own history cards and time book, unless she is a member of a very large staff, where the daily report may be necessary in order that a supervisor may keep in close touch with all of the patients in the territory under her supervision. If the ideal day ever comes when supervisors do not have so much to do, the daily report sheet should be discarded, even in large organizations. The idea of the daily report is not to prove that a nurse does her work honestly, and really spends all of her time in the district; it is simply a record of her day's work; and since this record is also written down on a patient's history card and in a time book, and frequently in a page-a-day book, the daily report sheet is superfluous. Often the supervisor of a large group of nurses is able to tell from the daily report sheet of new nurses how much relief those nurses need, whether or not they are planning their work wisely, and if patients most in need of care are being seen first and sufficiently often. The individual public health nurse, however, or the nurse on a small staff, is more or less her own supervisor, and if she is not able to plan her work well, writing a daily report at the end of a busy, tiresome day will not help her particularly. Of all the records kept now by public health nurses, the daily report is, in most instances, neither necessary nor advisable. A monthly statistical report is essential if she is going to be able to explain her work to the public, and to her own directors. A monthly written statement telling about her more interesting cases, coöperation with other agencies, health conditions in the town, etc., is even more essential if she is going to keep their interest and continue to deserve their support.

**NURSING CARE OF ADVANCED PULMONARY TUBERCULOSIS.** What does your organization do when nurses on your staff object to caring for patients suffering with pulmonary tuberculosis?

*Answer:* At present the Municipal Tuberculosis nurses in Chicago give all nursing care to bed-ridden tuberculosis patients in the city, but until this work was given over to the city, the rules of the Chicago association would have caused us to drop any nurse who refused to give nursing care to any patient to whom she was sent. Occasionally a nurse who has recently been ill, or who is more or less susceptible to acute infections, is not sent into homes where there is diphtheria or scarlet fever, but unless such a nurse is an uncommonly valuable addition to our staff, we could not make these arrangements, and even then we could not make such arrangements for more than a few months. Nurses who are afraid of tuberculosis are advised to keep out of public health nursing. There seems to be no disease so prevalent. No matter why we are called to many of our congested homes, before we finally dispose of the family, we frequently discover some case of tuberculosis in it. There is absolutely no danger to a good nurse in tuberculosis work if she takes the usual precautions. Naturally a nurse whose technique is poor and whose training has taught her that tuberculosis is a highly contagious disease, rather than a somewhat communicable one, would be afraid to give care to patients in the last stages. There are just two types of pulmonary tuberculosis which our nurses were instructed not to visit the second time. The first was the bed-ridden single man in a male lodging house. Any one who has visited those lodging houses in a large city will understand our reason for making this exception. We felt that such patients should be in a hospital and that the responsibility was the city's rather than ours. The other exception was the advanced, extremely careless patient, male or female, whose bed, bedding, and floor were soiled with sputum containing tubercle bacilli. We felt that no amount of precautions would protect our nurses in rooms occupied by these patients and that they, too, were properly the responsibility of the Health or the Police Departments. If this latter type of patient responded to instruction and did his best to obey orders, once the room and bedding were clean and put in order, we then carried the patient on our books, but so often these patients were alcoholics who could not, or would not respond to instruction, that we turned them over to the Health Department and refused to return to their homes. Occasionally we have been told by doctors and other workers that it was wrong to let nurses touch an advanced consumptive, but personally the writer believes that these people do not know their subject. Consumptives do not choose their living death, and until conditions are so controlled by an enlightened public that they may not be exposed to this disease on all sides, every public health nurse should do as much for these poor people as she possibly can.

**POST-GRADUATE WORK.** Where may a visiting nurse, at no expense to herself, secure training in public health nursing, particularly school nursing?

*Answer:* There is no place in the country known to the writer where a technical education of this sort is given absolutely free of charge. A graduate nurse may frequently get experience on the nursing staff of a large visiting nurse association, or she may volunteer her services for special school work in connection with some municipal health department. If, however, she volunteers her services in return for the training given her, she will have to meet her own living and travelling expenses. If she secures the training on the nursing staff of a large organization, she will have to spend at least one year in its service, provided, of course, she makes good in the work. Few associations are sufficiently well financed to be able to offer public health nursing education free of charge to any nurse, graduate or otherwise. The courses in public health nursing in the country open to graduate nurses are those in the Department of Nursing and Health, Teachers College, New York City; Henry Street Nurses' Settlement, New York City; Instructive District Nursing Association, Boston, Mass.; Visiting Nurse Association, Cleveland, Ohio; and Phipps Institute, Philadelphia, Pa. Some of these offer scholarships. The nurse desiring to equip herself for public health nursing should send for the literature published in regard to these various courses and should then make up her mind to earn the money that will enable her to take the one that most nearly meets her desires. No really good post-graduate instruction is given for the asking.